

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	1						51		
2		1					52		
3		1					53		
4		3					54		
5	1						55		
6		1					56		
7		1					57		
8		3					58		
9		3					59		
10	1						60		
11		1					61		
12		1					62		
13		3					63		
14		3					64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
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38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	21						TOTAL DEP.		
TOTAL CLAIMS	24						TOTAL CLAIMS		